Effective December 29, 1999 09 /5/5 809														09	
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY	OR	OTHER	THAN	
FOR			NUMBER FILED			NUMBER EXTRA			F	RATE	FEE	7	RATE	FEE	l
BASIC FEE											345.00	OR		690.00	1
TOTAL CLAIMS			✓ minus 20= •							<b>(\$</b> 9=	1	OR	X\$18=	<b></b>	
INDEPENDENT CLAIMS			7 minus 3 = : 4						H	K39=	·		X78=	312	
MULTIPLE DEPENDENT CLAIM PRESENT									H			OR		31 6	
* If the difference in column 1 is less than zero, enter "0" in column 2										130= OTAL		OR	+260=	1- 62	
_	3-22-04 CLAIMS AS AMENDED - PART II											JOR	TOTAL	1005	
(Column 2) (Column 3)										MALL	ENTITY	OR	OTHER SMALL		İ
AMENDMENT A		REMA	IMS INING TER IMENT		PR	lighest Number Eviously Null For	PRESEI EXTR		F	RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE	. •
	Total	• 1	<u>a.                                    </u>	Minus	••	20.	- (		X	\$ 9±		OR	X\$18=	0	
	Independent	•••• <u>3</u>	5:	Minus .		7	1- <i>C</i>		×	(39=		OR	X78=	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										130=		OR	+260=	0	
8-5-04									_	TOTAL			TOTAL	0	
			mn 1)		<u>(C</u>	olumn 2)	(Colum	n 3)	AUU	NT. FEE		2	ADDIT. FEE		
AMENDMENT B		REMA AF	IMS INING TER OMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESEI EXTR		F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1	0	Minus	-	20	- 0		X	\$ 9=		OR	X\$18=	0	
	Independent	• NITATIO	5	Minus	···	7	1.0		X	39=		OR	X78≃ ·	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										•	OR	+260=	6	
	4-15-0	5							<u> </u>	TOTAL		OR	TOTAL	0	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE															
AMENDMENT C			ining			IGHEST NUMBER	PRESE	7			ADDI-	.		ADDI-	
			ER	. • .	PR	EVIOUSLY AID FOR	EXTR		R	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• /(	)	Minus	**	20	• (		· X	\$ 9= .		OR	X\$18=	Λ	
	Independent	• 5		Minus	***	7	• (	2	X	39=			X78=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-			OR			İ
* If the cotton is column 1 is less than the entry in column 2 write W in column 2												+260=	0		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ADDIT, FEE ADDIT, FEE ADDIT, FEE												0			
	The Highest Nurr	ber Previ	ously Pai	d For (Total o	Indep	endent) is the	highest n	imber for	und ir	n the app	ropriate box	in cot	umn 1.		

FORM PTO-678 (Rev. 12/25)

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